



North Central Health Care

- Tri-county governmental facility
 - Marathon, Lincoln, Langlade
- Three clinical populations
 - Mental Health/Alcohol and Drug Abuse
 - Developmentally Disabled
 - Geriatric (Mount View Care Center)



Mount View Care Center

Mount View Care Center is committed to consistently provide efficient, quality care, which is always respectful of the individual and dedicated to customer service. As an integral part of the health care system, MVCC will ensure that it will continue to be a valuable resource to our community.



Mount View Care Center

- 320 beds
- All beds Medicare/Medicaid certified
- 7 Nursing Home units
 - 3 Behaviorally Complex (dementia/psychiatric disorders)
 - 3 Clinically Complex
 - 1 Rehab/Transitional Unit



Quality Council

- Interdisciplinary/Interdepartmental
- Worker Safety Subcommittee
 - Staff Injuries
- Nursing Home Quality Assurance Team
 - Resident Injuries

Transition to Low Lift Environment = 2000

- Driving Factors
 - Workmen's Comp Losses
 - Resident Safety

Resident – average – minimum 8-10 lifts/day

Employee Perspective

- How did we identify our problems?
- What was our plan?
- What did we implement?
- What barriers did we encounter?
- What were our results?
- What are we doing to improve/expand?



Problem Identification

- Searching for sources of injuries.
- Trend reports (OSHA logs, dept. injuries, etc.)
- Types of injuries (back, neck, shoulders, etc.)
- Thorough evaluation and investigation of incident reports (why and how did this occur?)
- Population was primarily CNAs with injuries associated to patient handling (transferring & repositioning)
- Were we hiring people that were physically capable of completing the job and how do we address that?



Our Plan

- Become low-lift or zero lift to decrease patient handling
- Became a low-lift facility in 2000
- Develop a system of screening individuals (CNAs primarily) to ensure new hires had at least the minimum physical skills to complete the essential functions of the job
- Develop a method of evaluating and identifying problem areas for patient handling and ergonomic hazards

Implementation

- Developed policies and procedures
- Equipped the units with mechanical lifts and transfer devices
- Began training staff on usage
- Developed a pre-screening process to test for physical abilities to complete physical aspects of the job
- Implemented a job site analysis program to target problems that are worksite/workstation related

Implementation

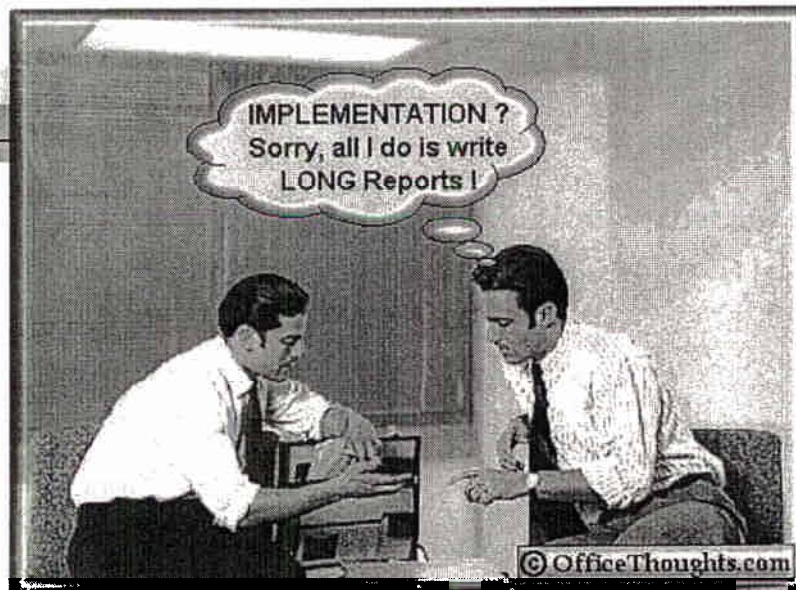
- Developed a consultation program for employees that experience symptoms (i.e. CTDs)
 - Targets problems before employees would see a doctor
 - Recommendations may be made by a therapist or nurse with expertise within the employee health arena
 - Targets problems before they become work related

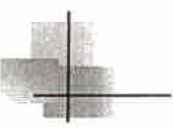


Implementation

- Began behavior-based training methods to target and reward positive behaviors related to safety (very important)
- Target compliance with the use of slide sheets or assistive transfer devices
- In-house rehabilitation for employees injured at work
- Falls Committee and tools development
- Some fun ideas were safety bingo, cookie tickets, coffee break tickets

(positive reinforcement)





Are you lonely?

Hate having to make decisions?


Rather talk about it than do it?

Then why not

HOLD A MEETING


You can: Get to see other people
 Sleep in peace
 Offload decisions
 Learn to write volumes of meaningless notes
 Feel important
 Impress (or bore) your colleagues

And all in work time!



'MEETINGS'

The Practical Alternative to Work



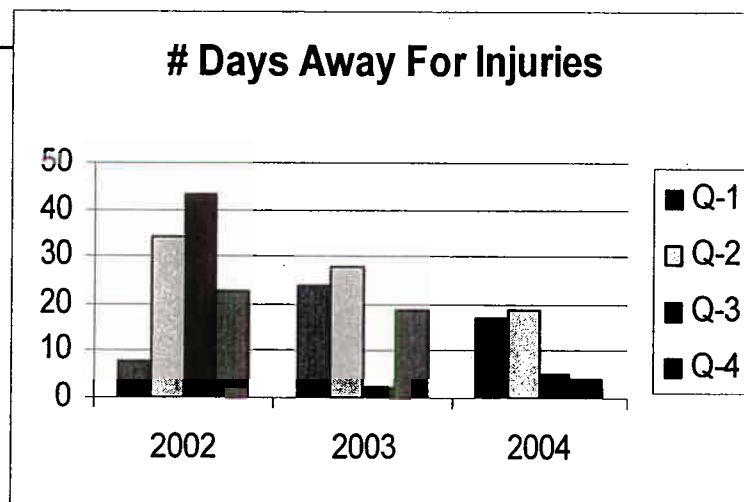
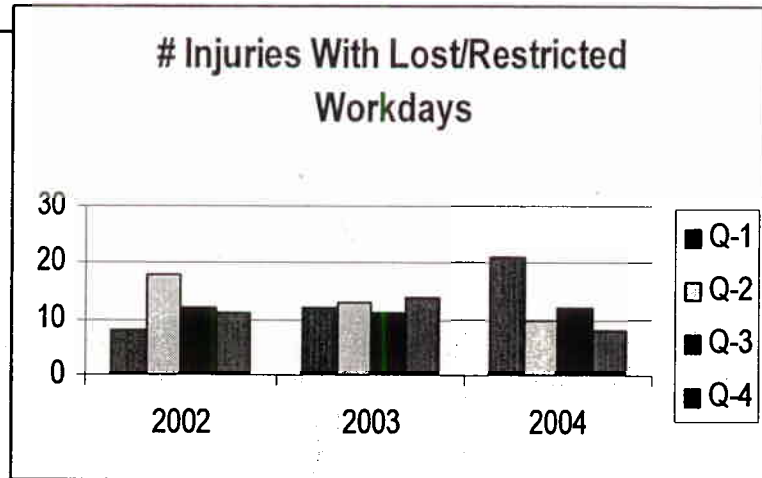
Barriers

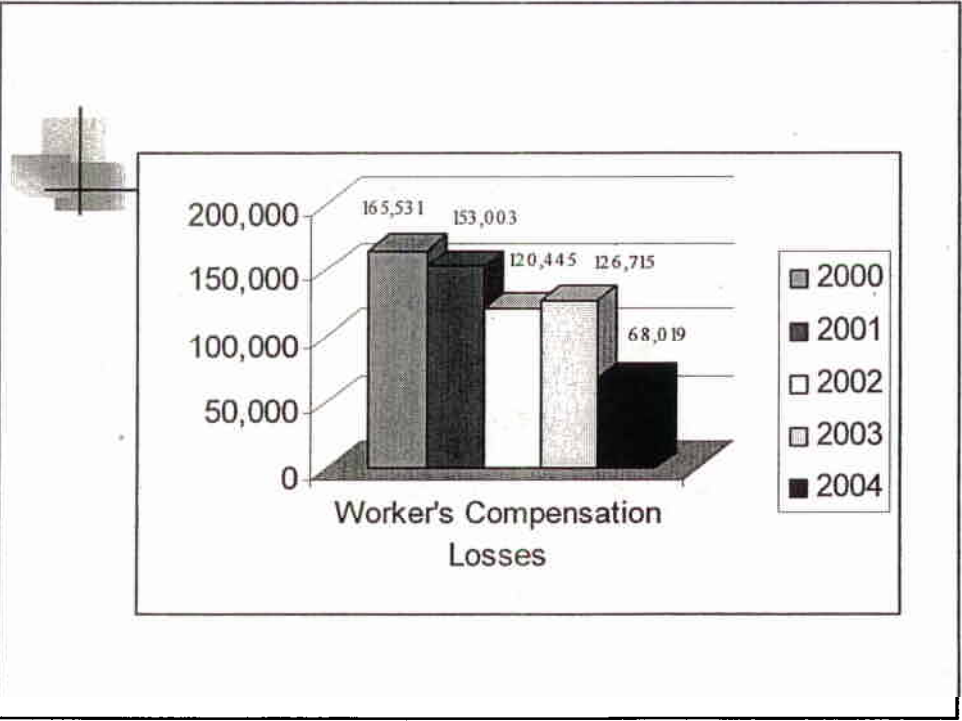
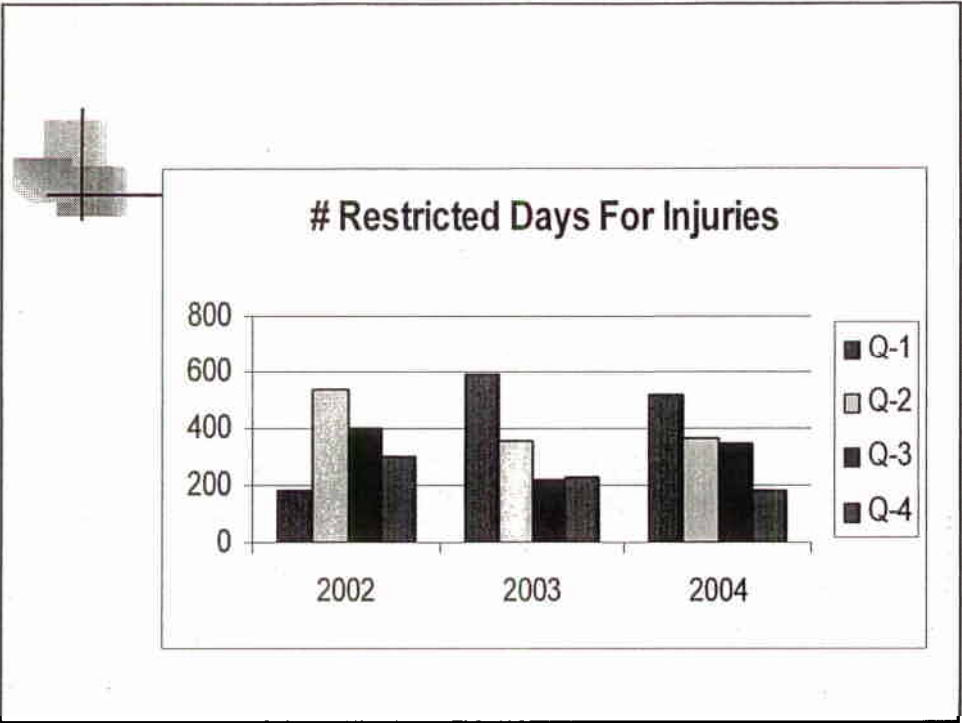
- Culture shock and an extreme amount of resistance to change
- Employee behaviors and buy-in
- Budget or available resources
- Educating all staff, as well as ongoing education to maintain employee competence
- Staff shortages



Results of Worker's Compensation

- Major workers compensation cost decrease of over \$60,000 in the last year
- Saved just over \$10,000 with in-house rehabilitation costs
- Decreased lost work days!
- Decreased injuries!







Future Goals

- Develop follow-up education programs
- Further implement behavior-based safety concepts with the focus on nurturing the environment for the employees
- Fully implement slide sheet uses for repositioning residents
- Complete physical job descriptions and pre-work screens for more jobs targeting most high risk areas first
- Continue to decrease Worker's Compensation costs!!!



Tag F324

- A facility must ensure that each resident receives adequate supervision and assistive devices to prevent accidents



Interdisciplinary Fall Committee

- 2 Nurse Managers
- 1 Social Worker
- 1 Physical Therapist
- 1 Restorative CNA



Goals

- Identify those at risk for falls
- Develop mechanism to evaluate root cause of fall
- Identify equipment/devices needed
- Revise policy/procedure
- Provide education for staff
- Provide resources for staff
- Quality Assurance

Identify Those At Risk

- Briggs Form – CFS6-17F
 - Within 4 hours of admission
 - Quarterly with MDS

FALL RISK ASSESSMENT

INSTRUCTIONS: Upon admission and quarterly (or more often if warranted) thereafter, assess the resident's status in the eight clinical condition categories listed below (A-H) by assigning the corresponding score which best describes the resident in the appropriate assessment column. Add the values of numbers to obtain the Total Score. If the total score is 10 or greater, the resident should be considered at HIGH RISK for potential falls. A prevention protocol should be initiated immediately and documented on the care plan.

		ASSESSMENT DATE				
		1	2	3	4	
A. LEVEL OF CONSCIOUSNESS/MENTAL STATUS	0 ALERT - Oriented x 3 of all three 2 DISORIENTED x 2 of all three 4 INTERMITTENT CONFUSION					
B. HISTORY OF FALLS (past 3 months)	0 NO FALLS in past 3 months 2 1 - 2 FALLS in past 3 months 4 3 OR MORE FALLS in past 3 months					
C. AMBULATION/EQUIPMENT STATUS	0 AMBULATES CONTINUOUSLY 2 CANES REQUIRED - No other assist with ambulation 4 AMBULATORY DEPENDENT					
D. VISION STATUS	0 ADEQUATE both or without glasses 2 POOR both or without glasses 4 LEGALLY BLIND					
E. GAIT/BALANCE	<small>To assess, the resident's Gait/Balance, have him/her stand on both feet without holding onto anything, with straight front, with straight & steady, and make a turn.</small> 0 Gait/Balance normal 1 Balance problems while standing 1 Balance problems while walking 1 Constant need for assistance 1 Change in gait pattern when walking through doorway 1 Jerking or stumbling when making turns 1 Requires use of walking device (e.g., cane, etc.) without assistance 2 Walk - not able to perform function					
F. SYSTEMIC BLOOD PRESSURE	0 NO NOTED DROP between lying and standing 2 Drop LESS THAN 20 mm Hg between lying and standing 4 Drop MORE THAN 20 mm Hg between lying and standing					
G. MEDICATIONS	<small>Reported below based on the following types of medications: Anesthetics, Anticholinergics, Antidepressants, Antipsychotics, Barbiturates, Benzodiazepines, Calcium Channel Blockers, Diuretics, Hypotensives, Insulin, Sedatives, Tricyclic Antidepressants.</small> 0 NONE of above medications taken currently or within last 7 days 2 TAKES 1 - 2 of above medications currently or within last 7 days 4 TAKES 3 - 4 of above medications currently or within last 7 days 1 If resident has had a change in medication within change in dosage in the last 7 days - score 1 (added point)					
H. PREEXISTING DISEASES	<small>Reported below based on the following conditions: cardiovascular, respiratory, CNS, Parkinson's disease, Loss of weight, Diabetes, Arthritis, Osteoporosis, Fractures.</small> 0 NONE PRESENT 2 1 - 2 PRESENT 4 3 OR MORE PRESENT					
TOTAL SCORE		Total score of 10 or above requires HIGH RISK				

Mechanism to Evaluate Root Cause

■ Post Fall Assessment

NORTH CENTRAL HEALTH CARE

NAME _____ MEDICAL RECORD NO. _____

Reviewed characteristics of fall: Date: _____ Time: _____

Describe how event: _____

☐ Extended Using General Screening Abnormal Findings: _____

What was the resident doing prior to fall: ☐ Walking ☐ Standing Still ☐ Running ☐ In Bed ☐ In Chair
☐ In Wheelchair ☐ On Toilet/Commode ☐ Other _____

Mobility Status (Check all that apply):
☐ Ambulatory (Self) ☐ Ambulatory with Assist ☐ Self Propelled Wheelchair
☐ Ambulatory with Assist Device (Walker/Cane) ☐ Walker's ☐ Walker's Self
☐ Gait Abnormalities ☐ Instability/Weakness ☐ Transfer Self
☐ Diapering/Vulgar ☐ Toilet Self

Balance When Rising:
☐ Falls Forward ☐ Falls/Loses Balance ☐ Slides Down ☐ Slips

Internal Risk Factors (Check all that apply):
☐ Cognitive Decline ☐ Delirium ☐ Depression ☐ Communication Difficulties
☐ Alert ☐ Confused ☐ Oriented X ☐ Poorly Managed Illness
☐ Altered Behavior ☐ Abnormal Vision ☐ Visual Distortions (Double) ☐ Possible Infection ☐ Incontinence
☐ Gait/Dysphagia ☐ Hypertension ☐ Possible Infection ☐ Incontinence
☐ Falls ☐ Vision Impaired

Medication (Check any meds the resident is taking and indicate how many pills to take. Put in how given):
☐ Constipation ☐ Anesthetics ☐ Anesthetics
☐ Antiemetics ☐ Antiemetics ☐ Antiemetics
☐ Antipsychotics ☐ Antipsychotics ☐ Antipsychotics
☐ The tests ☐ If hypoglycemia gives attack blood sugar ☐ None
☐ Insulin ☐ Anesthetics ☐ Anesthetics
☐ Anesthetics ☐ Anesthetics ☐ Anesthetics
☐ New-onset/diabetic ☐ Chronic blood sugar ☐ Chronic blood sugar

Recent Medication Changes: ☐ Yes ☐ No Medication: _____

Vital Signs: Temp: _____ P: _____ R: _____ BP: _____ (If fall) _____
(Indicate if the resident is or was on cardiac monitoring, anti-seizure, blood, or respiratory medications. Indicate how was done)
Systolic BP: _____ Diastolic BP: _____

Describe what the fall (Check all that the resident was, how the fall occurred if they were in bed):
☐ Came/Walked Yes/No ☐ Wheelchair/Chair Yes/No ☐ Chair/Glass Yes/No
☐ From Bed/Glass Yes/No ☐ Bed/Glass Yes/No ☐ Assist Bed Yes/No
☐ Low Bed Yes/No ☐ Floor Mat Yes/No ☐ Call Light Yes/No
☐ Pushing/Pulling Yes/No ☐ Bedside Monitor Yes/No ☐ Other _____

POST FALL ASSESSMENT

NP-271 (1/1/04)

NORTH CENTRAL HEALTH CARE

NAME _____ MEDICAL RECORD NO. _____

Reviewed circumstances of fall: Date: _____ Time: _____

Describe how found: _____

ζ Examined Using General Screening: Abnormal Findings: _____

What was the resident doing prior to fall: ζ Walking ζ Standing Still ζ Reaching ζ In Bed ζ In Chair
ζ In Wheelchair ζ On Toilet/Commode ζ Other _____

Mobility Status: (Check all that apply)

ζ Ambulatory (Self) ζ Ambulatory with Assist ζ Self Propels Wheelchair
ζ Ambulatory with Assist Devices (Describe) _____
ζ Gait Disturbance ζ Instability/Weakness ζ Parkinson's
ζ Dizziness/Vertigo ζ Toilets Self ζ Transfers Self

Balance When Sitting:

ζ Falls Forward ζ Falls/Leans Sideways ζ Slides Down ζ Slumps

Internal Risk Factors: (Check all that apply)

ζ Cognitive Decline ζ Dementia ζ Depression ζ Comprehension Deficits
ζ Alert ζ Confused ζ Oriented X's ζ Perceptual Deficits
ζ Altered Behavior ζ Altered Mood ζ Unsafe Behaviors (Describe) _____
ζ Cardiac Dysrhythmia ζ Hypertension ζ Possible Infection ζ Incontinence
ζ Pain ζ Vision Impaired

Medication: (Check any meds the resident is taking and indicate how soon prior to the fall it was given)

ζ Coumadin ζ Antidepressant
ζ Antipsychotic ζ Antihypertensive
ζ Antianxiety ζ Diuretic
ζ Hypnotic/Sedative ζ Hypoglycemics
ζ Narcotic ζ If hypoglycemic given, obtain blood sugar.
ζ Laxative Results: _____
ζ Analgesic ζ Anticonvulsant
ζ Antiparkinson ζ Muscle Relaxant
ζ Non-Steroidal Anti-Inflammatory ζ Greater than 4 medications per day Number: _____

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Recent Medication Changes: ζ Yes ζ No Medication: _____

Vital Signs: Temp _____ P _____ R _____ B/P _____ O₂ Sat _____

(Orthostatic to be measured if resident receiving cardiac, antihypertensive, diuretic, or psychoactive medication or identifies that was dizzy)

Supine: B/P _____ P _____ Sitting: B/P _____ P _____

Standing: B/P _____ P _____

Devices Prior to Fall: (Check all that the resident uses, circle yes/no if they were in use)

ζ Cane/Walker Yes/No ζ Wheelchair/Geri-Chair Yes/No ζ Chair Alarm Yes/No
ζ Pressure Alarm Yes/No ζ Bed Alarm Yes/No ζ Assist Rails Yes/No
ζ Low Bed Yes/No ζ Floor Mat Yes/No ζ Call Light Yes/No
ζ Positioning Pillows Yes/No ζ Bolster Mattress Yes/No ζ Other _____

POST FALL ASSESSMENT



Devices

- Clip alarms
- Pressure alarms for bed and chair
- Low beds
- Bolster mattresses
- Mats on floor
- Wheelchair positioning
- Anti-tip bars on w/c
- Rock-n-Go w/c
- Merry walker
- Hip protectors
- Alarming seat belts
- Gait belts
- Sit-to-stand and full body lifts
- Lap buddy



Policy and Procedure

Education

- What is a Fall
- Risk Factors
- Preventative Measures

Heightened Awareness





Fall

- A drop by force of gravity from a higher to a lower place or position
- An event when a person inadvertently or unintentionally comes to rest on the ground or another low level such as a chair, toilet, or bed
- Assisting or lowering to the floor or chair is considered a fall

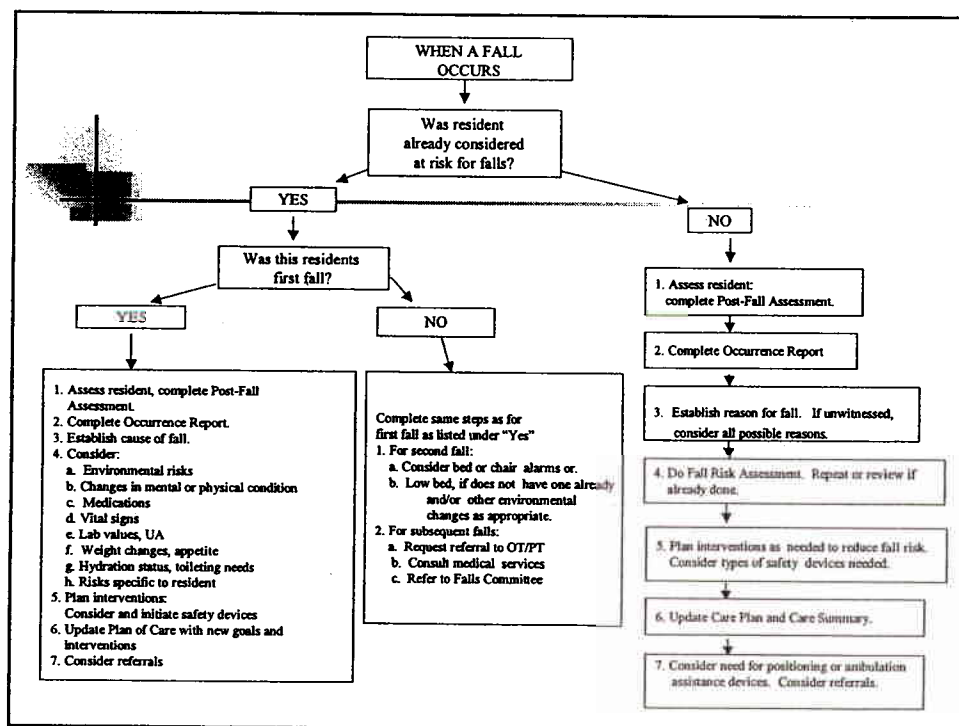


Risk Factors

- Non-modifiable risk factors
- Environmental
- Physical
- Medical
- Pharmacological

Preventative Measures

- Care Plan – potential for falls
 - Individualize the standard care plan to include devices
- Decision Tree





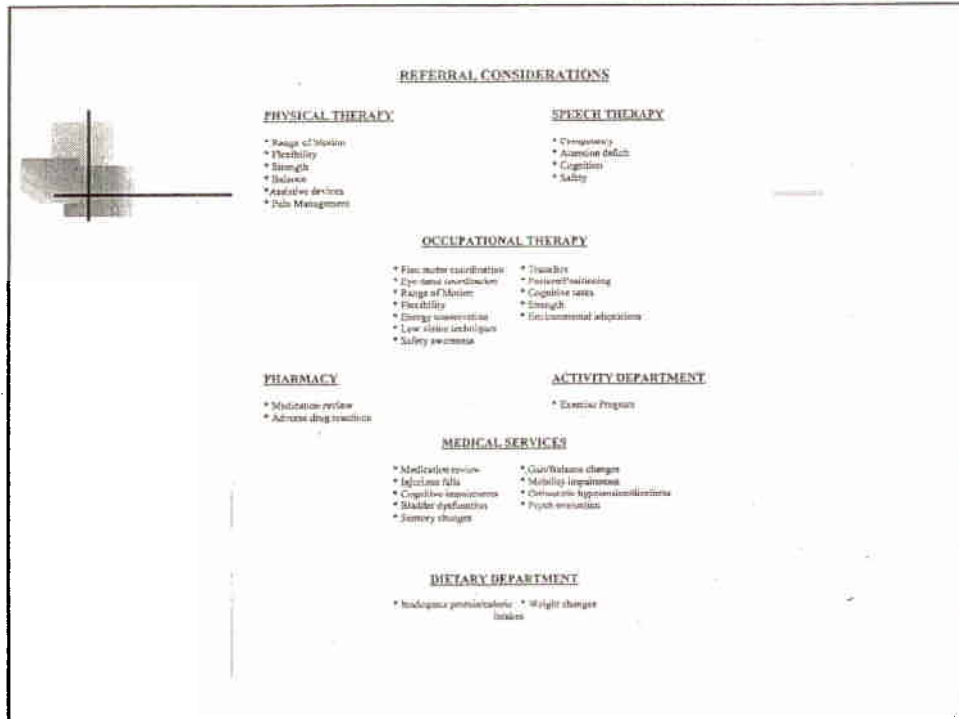
Resource for Staff

- PT/OT review 24-hour report
- Falls reported at daily department manager meeting
 - Rehab Therapist notes possible need for screening/evaluation
- Referral to Fall Committee
 - By Unit Team, Nurse Manager, Social Worker



Fall Committee

- Meets weekly
- Reviews individuals referred by unit
 - Nurse Mgr and SW present information from Fall Committee Referral Worksheet
 - Committee makes recommendations and documents in record
- Reviews all fall occurrence reports and makes recommendations



Quality Assurance

- Reviews monthly fall data

Falls Data

	Average May – Oct 2004	Nov 2004	Dec 2004	Jan 2005
Total	74	(53) 28%	(55) 26%	(54) 27%
No Injury	43	(38) 22%	(37) 24%	(31) 28%
With Injury	31	(15) 52%	(18) 42%	(23) 26%

Findings

- Majority of injuries are bruises/contusions or skin tears
- Major reasons for falls
 - Cognitive deficit, poor judgment, forgot to ask for assistance
 - Reaching for things
 - Getting up without assistance
 - Crawling out of bed
 - Illness-related falls during cold and flu season
 - Equipment